Family Welfare Centres In Bihar and Maharashtra

1281. SHRITARIQ ANWAR: Will the Minister of HEALTH AND FAMILY
WELFARE be pleased to state:

(a) the total number of family welfare centres functioning in rural areas in Bihar and Maharashtra;

(b) whether the Central Government have received proposals from respective State Governments for opening of more centres for Child welfare;

(c) If so, the details thereof; and

(d) the action taken by Government in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANIRAMDOSS): (a) rhere are 10337 and 9727 Sub-centre functioning in the States of Bihar and Maharashtra respectively, as on September, 2005.

(b) to (d)4Mo, Sir.

Procedure of testin j of ayurveda medicine

1282. SHRI S.S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased **to** state:

(a) the details of procedure in vogue for testing and certification of ayurveda medicines produced in i he country and those imported, if any, from overseas;

(b) whether agencies of Gover tment also carry out testing of sample of ayurveda medicines drawn and submitted by Individuals and issue certificates;

(c) if so, the details of the procsdure involved in such instances; and

(d) the details of the safeguards of the manufacturers of ayruveda medicines in the event of individuals submitting samples of medicines with their labels duly pasted on the container, but its contents adulterated with malafide intentions?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): *(ti)* to (c) Under Rule 162 of the Drugs & Cosmetics Rules, 1945, an inspector authorized to inspect the manufacturers of Ayurvedic me jicines can also take samples of the

drugs manufactured on the premises and send them for test or analysis in accordance with Rule 163 which provides for sending the sample in a sealed packet bearing the seal and distinguishing number. A consumer is also entitled to send any medicine or cosmetic purchased by him to a Government analyst for analysis and to receive a report on making an application and payment of prescribed fees.

(d) Any Government Analyst or Drug Inspector or the State Licensing Authority is empowered to examine the sample submitted by an individual to see whether the same is genuine or tampered with. This is a matter of investigation by the concerned authorities.

New polio vaccine

1283. SHRI RAMA MUNI REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a new vaccine has been developed to attack all the three strains of P1, P2 and P3 of Polio in the country;

(b) whether it is also a fact that P2 strain has not been seen in the country since 1999; and

(c) the details of P3 cases reported in the country during the last five years; year-wise and State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) Trivalent oral polio vaccine (OPV), which has been the primary vaccine for polio in use in India and the world, gives protection against all the three strains of poliovirus.

In 2005, after recommendations from the World Health Organisation's Global Advisory Group for polio eradication, monovalent OPV type 1 and monovalent OPV type 3 were introduced. These vaccines specifically target P1 and P3 strains respectively. Monovalent vaccines were also used in 2005 in a number of other countries.

Monovalent vaccines are not "new" and were actually the first oral polio vaccines ever developed in and used in the 1950's and 1960's. They have not, however, been used in the last 20 years since introduction of trivalent OPV.

(b) Yes, Sir. Wild P2 polio virus strains have not been indentified in India since 1999.